

more confused, probably on account of the increased general *malaise*, or they change their place and redouble their intensity.

The brusque migration of the pain during a crisis is very common. This sudden change of locality, without premonition, is an essential element in the clinical history of migraine. Its like is not found in any other disorder of the nervous system.

Other discomforts add themselves to the pericranial sufferings, such as nausea, gastric pain, anorexia, and constipation. The disorders of the stomach are generally slight, and occur during the middle third of the attack, after which they moderate.

In the third period the violent pain is dulled, the nausea is less decided, but other still more inconvenient symptoms succeed these. The head becomes heavy and dull, the ocular pain is accented, but without any necessary troubles of vision. The first manifestations of a cerebral state exhibit themselves in intellectual torpor and a complete absence of ideas, or on the contrary, in a semi-delirium analogous to dreaming. The cerebral condition is nearly the same as in the beginning of sleep, which closes the attack. The cure is not complete until the patient has eaten.

ACTIVE CONGESTION.—The following is an abstract of a memoir by M. Onimus, as given in *La France Medicale*, No. 23:

In this work M. Onimus has sought to show, that beyond the congestions due to paralysis of the vaso-motor nerves, there are also active congestions arising on the other hand from the activity of the vaso-motor system.

An important experiment of M. Claude-Bernard has demonstrated that the excitation of sensory nerves causes a very manifest congestion; thus the electrization of the chorda tympani produces an immediate augmentation of the salivary secretion, and a determination of blood to the gland. Many theories have been proposed to explain these phenomena. M. Schiff has admitted active dilator nerves; M. Brown-Sequard, a dilatation by attraction of blood to the tissues; Loven has proposed the theory of reflex paralysis, and it is this theory that M. Vulpian has adopted and developed in his last work, *Des Nerfs Vaso-Moteurs*, 1874.

M. Onimus, supporting himself on the researches of M. Ch. Legros, and on his own investigations made in collaboration with that lamented *savant*, seeks to show that the late experiments of Vulpian, far from proving that these active congestions are due to a reflex paralysis, appear rather to indicate that there is here an essentially vital and active phenomenon.

M. Onimus studies in succession the three following points:

1. The phenomena induced by excitation are not the same as those which cause the paralysis. The active congestions are not the result of a reflex paralysis.
2. The muscular fibres of the vessels serve to facilitate the course of the blood.
3. The active congestions are the result of increased functional activity of the muscular fibres of the vessels.

According to this theory, there are, so to speak, two kinds of contraction of the unstripped fibres of the vessels—the one tetanic, when the excitation is

violent, and which causes the diminution of their calibre, and the consequent pallor and slowing of the circulation; the other vermicular and progressive, acting like all the contractions of this kind, i. e., instead of arresting the progress of the contained substances in the muscular tube, it facilitates their progression as in the intestine.

The augmentation of the peripheral circulation instead of being as in the case of stimulants, a result of reflex paralysis, is caused on the other hand by an increased functional activity of the muscular fibres of the vascular walls.

Without entering into the physiological proofs with which M. Onimus supports his views, we hold that one of the best evidences in its favor is afforded by the anatomical fact that wherever in their tissues the cardiac action is unfelt or much diminished, the walls of the vessels are very rich in muscular fibres. This arrangement evidently indicates that the arterial contractility serves to help the blood along.

Finally, M. Onimus endeavors to show how the theory of reflex paralysis is in contradiction with pathological facts. There is, in fact, a great difference between active and paralytic congestions, in a clinical point of view, and in this relation the theory of autonomous contractions is of all modern physiological theories the one which coincides most nearly with the ideas of Senac and Bichat, who held that the peripheral vessels had an action independent of that of the heart, acting actively in the phenomena of circulation.

MUTTERING EPILEPSY.—Dr. W. B. Cheadle (*British Med. Jour.*, May 1), describes four cases of a peculiar epileptiform disease, characterized by an attack somewhat intermediate between the transient giddiness of *petit mal* and the fully developed seizure of the true epileptic fit, accompanied with muttering or rapid repetition of the same word or phrase a great number of times. He suggests for it the names *eclampsia loquax* or *muttering epilepsy*.

All the subjects observed by Dr. Cheadle were young, though some analogous cases reported by Trousseau occurred in adults. The occurrence of the repetition of the same word or phrase in each, seems to point, as the Doctor remarks, to a special irritative action on that part of the brain concerned in phonation; the coexistence of partial left hemiplegia in one case seemed to indicate a somewhat exceptional condition, as in some reported cases of left hemiplegia with aphasia.

Bromide of potassium caused complete disappearance of the symptoms in two cases, and mitigation of them in another. In the fourth case, an intercurrent affection interrupted the treatment, which at the time of writing had not yet been resumed.

MYELITIS.—We copy the following from a notice of a recent *brochure*, by Dr. E. Clement, in the *Union Medicale*:

Under the name of myelitis, of organic paraplegias, were confounded even very recently all the diseases characterized by lack of motor power which are not of cerebral origin. To-day clinical analysis, the practical